

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>		5/19/00	

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## INDEX OF CLAIMS

- ✓ ..... Rejected N ..... Non-elected
- = ..... Allowed I ..... Interference
- (Through numeral)... Canceled A ..... Appeal
- ÷ ..... Restricted O ..... Objected

Claim	Date
Final Original 51	5/20/00
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Claim	Date
Final Original 51	
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Claim	Date
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If more than 150 claims or 10 actions  
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